Arizona Form A1-WP

Payment of Arizona Income Tax Withheld

Arizona Department of Revenue
PO Box 29085
Phoenix AZ 85038-9085

Arizona law requires certain taxpayers to make withholding tax payments at the same time as federal withholding deposits are due.

EIN: 74-2801822		
Qtr	Year	Amount of Payment
1	2 0 1 2	2,822.32
		Dollars Cents

Enter Quarter (1, 2, 3, or 4)
Four digits of Year for which Payment is made.

Taxpayer Information

Name **Westwind Children Services**
Number and street or PO Box **2045 W. Northern Ave**
City or town, state, and ZIP code **Phoenix, AZ 85021**
Business telephone number **(602) 864-1211**

Failure to make payment may result in a 25% penalty in addition to other penalties and interest required by law.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
POSTMARK DATE	

Return Top Portion with Payment

Make check payable to: **ARIZONA DEPARTMENT OF REVENUE (Include EIN on payment.)**

Return Top Portion with payment to: **Arizona Department of Revenue, PO Box 29085, Phoenix AZ 85038-9085**

Instructions

Employers required to make more than one Arizona withholding payment per calendar quarter use Form A1-WP to transmit Arizona withholding payments to the department. *Employers required to make quarterly withholding payments will not use this form. Employers making withholding payments by electronic funds transfer or on the Internet will not use this form.*

Internet payments: Employers that register may make their withholding payments on the Internet with e-check or credit card. There is a fee to pay by credit card. Visit www.aztaxes.gov for further information.

Electronic Funds Transfer (EFT)

Refer to ARS § 42-1129 and the related Arizona Administrative Code rules (AAC R15-10-301 through R15-10-307) for detailed information regarding electronic funds transfer.

Employers whose average Arizona quarterly withholding tax liability for the preceding taxable year was $20,000 or more must make Arizona withholding payments via the electronic funds transfer program. *If the employer makes its withholding payments by electronic funds transfer (EFT), the employer should not submit Form A1-WP to the department.*

NOTE: Employers required to make withholding payments via EFT that fail to do so will be subject to a penalty of 5%. See ARS § 42-1125(O).

Employers whose average Arizona quarterly withholding tax liability for the preceding taxable year was less than $20,000 may elect voluntary participation in the electronic funds transfer program.

Participants in the Electronic Funds Transfer program must enroll online at www.aztaxes.gov at least 30 days prior to the first applicable transaction.

Taxpayer Information

Type or print the name, address, and phone number in the boxes in the Taxpayer Information section.

Employer Identification Number (EIN)

Enter the employer identification number. An employer identification number can be obtained from the Internal Revenue Service.

Quarter and Year

The charts below identify which months or payments are included in each quarter:

For these months:	Enter this number for the Quarter:
January, February, March	1
April, May, June	2
July, August, September	3
October, November, December	4

For these payments:	Enter this number for the Quarter:
Extension payment for Form A1-APR	4
Penalty payment for Form A1-R, line 5	4

Enter the quarter from one of the charts above. Enter the four-digit year.

Amount of Payment

Enter the amount of payment enclosed.

NOTE: Do not submit Form A1-WP if the payment is zero or no payment is enclosed. Do not submit Form A1-WP to list prior payments made during the quarter. Do not submit Form A1-WP for a negative amount (to apply a credit as a payment or to claim a credit as an overpayment).

TAXPAYER NAME: WESTWIND CHILDRENS SERVICES INC TIN: xxxxx1822

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270240662397672

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx1822
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	March/2012
Payment Amount	$23,202.47
Settlement Date	01/06/2012
Subcategories:	
1 Social Security	$12,212.67
2 Medicare	$3,405.48
3 Tax Withholding	$7,584.32

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201149 009530 85021 IRS USE ONLY 742801822 TE F

Department of the Treasury
Internal Revenue Service
Ogden UT 84201-0039

For assistance, call:
1-800-829-0115

Notice Number: CP134B
Date: December 19, 2011

Taxpayer Identification Number:
74-2801822
Tax Form: 941
Tax Period: June 30, 2011

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WESTWIND CHILDRENS SERVICES INC
% JAMES F CABLE
2045 W NORTHERN AVE
PHOENIX AZ 85021-5157457

01572

FTD/Estimated Payments Discrepancy Notice - Balance Due

Why We Are Writing You

We found that the amount credited to your account as Total Federal Tax Deposits differs from the amount reported on your tax return for the above tax period. You now have an outstanding balance on your account of $87,092.30.

Payments or Credits Applied

Date	Type	Amount	Date	Type	Amount
04/08/2011	FTD	$27,131.13	04/27/2011	FTD	$26,791.09
05/11/2011	FTD	$26,336.45			

Calculation of Balance Due

Total Tax Due on Return	$146,200.20
Total Federal Tax Deposits	$80,258.67
Total	$80,258.67
Unpaid	$65,941.53
Penalty on unpaid amount	~~$20,112.15~~
Interest on unpaid amount	$1,038.62
Balance Due Amount	**$87,092.30**

paid 5000.00 - Feb 1st
L1038 627 input

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